

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         | JT       | 106057 | 9/16/00  |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 59     | 9/16     |
| <b>FORMALITY REVIEW</b>          | HS       | 545    | 10-13-00 |
| <b>RESPONSE FORMALITY REVIEW</b> | MMF      | 671    | 03-28-01 |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date    |
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If more than 150 claims or 10 actions  
staple additional sheet here

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